

Please Read This important Notice About Re-Enrolling For Medicaid

TO:

Dear Parent/Guardian:

It is time to re-enroll for Medicaid for the following individuals:_____.

Please complete and sign the enclosed form and return it to the _____
County Department of Social Services by _____.

Special Instructions for Completing the Form:

- Complete each item on the enclosed application (DMA-5063).
- If you want to apply for Medicaid or NC Health Choice for family members not listed above, place an asterisk (*) to the left of their name in item 2.
- If you are re-enrolling or requesting Medicaid for anyone **age 19 or older**, you must also complete and submit the enclosed form, DMA-5065.
- If you are requesting assistance for anyone who is pregnant, you must submit proof of pregnancy.
- Provide proof of income. Include your phone number or a number where you can be reached if you don't have a telephone.
- Read your rights and responsibilities that are on the back of this page.
- Sign and date the form.

◆ Where To Return Your Re-enrollment Form

- A self-addressed, envelope is enclosed for you to mail the signed form and verifications to the department of social services. You must return the form by the date listed above to make sure Medicaid continues. If the form and verifications are not returned, Medicaid may end on _____.

◆ Notification of Decision

- Social services will let you know as quickly as possible on your continued Medicaid or NC Health Choice. If additional information is needed, or if an enrollment fee applies (for some NC Health Choice for Children) you will be notified by the social services department. Be sure to provide any additional information that is asked for so that benefits will not be delayed or stopped.

◆ Questions?

- If you have questions about re-enrollment for Medicaid or NC Health Choice call _____ at the _____ County Department of Social Services. The number is _____. Or you may call the NC Department of Health and Human Services toll free through the CARE-LINE Information and Referral Service, at 1-800-662-7030. There is also a TTY line for the deaf and hard of hearing at 1-800-976-1922.
- ◆ **Transportation** – Individuals eligible for Health Check may be eligible for assistance with transportation to medical appointments. Contact the department of social services if you have questions.

Información en español

Si tiene preguntas sobre esta solicitud o sobre los programas de Chequeo de Salud (Health Check) y Opciones de Salud (Health Choice), comuníquese con el departamento de servicios sociales en el condado de _____ con _____. El número de teléfono es _____. También puede comunicarse con el departamento de salud y servicios humanos de Carolina del Norte llamando gratis a CARE-LINE, línea de Información y Referencia a Servicios al 1-800-662-7030. Se le atenderá en español. Las personas sordas o con problemas de audición pueden llamar por la línea TTY al 1-800-976-1922.

RIGHTS AND RESPONSIBILITIES – READ CAREFULLY!

YOU HAVE THE RIGHT TO:

Apply for assistance, and if found ineligible, reapply at any time.

Be protected against discrimination on the grounds of race, color, national origin, sex, religion, age, or disability.

Have any information given to the agency kept in confidence.

Withdraw from the assistance program at any time, including if you do not want your social security number stored in a computer or matched with other information stored in a computer.

Receive assistance, if found eligible.

Appeal to the local department of social services and to the State Division of Social Services for a hearing if:

You were denied the right to apply or reapply for assistance.

You were encouraged to withdraw your application.

Your application was not acted upon timely.

Your application was denied and you believe the decision is not correct.

Your assistance is incorrect based on the county's interpretation of state regulations.

The NC Department of Health and Human Services does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

YOUR RESPONSIBILITIES

Your signature on the re-enrollment form binds you and persons for whom you are re-enrolling to the conditions outlined in this section.

If you or your children qualify for Health Check (Medicaid) or NC Health Choice for Children, you must:

1. Provide all necessary information to help county social services, state, or federal Medicaid agencies determine your eligibility for the program.
2. Provide social security numbers or apply for a social security number for each eligible individual if one has not been issued.
3. Certify that everyone listed on this application currently lives in North Carolina and plans to remain indefinitely.
4. Understand that information on this application will be stored on computer and may be compared to computer records of other agencies such as Social Security, Employment Security, Motor Vehicles, Internal Revenue, or other states' assistance programs.
5. Report change of address, household membership, plans to move, availability of other health insurance, changes in income within **10 DAYS** of knowing of the change.
6. Make no false statements, withhold any relevant information, or fail to report changes in the household as required by #5. It is illegal to obtain, assist, or help another person, directly or indirectly, to obtain money or services they are not entitled to as a recipient of these programs. It is also against the law to alter, sell, or lend a program identification card to another person. Violators will be prosecuted under state and/or federal law.

If you or your children qualify for Health Check (Medicaid) you must:

1. Turn over all medical payments from private insurance or any other persons or groups as repayment for medical services paid by Medicaid.
2. Turn over to the State Medicaid agency any medical support paid or owed to any child due to a court order. You also agree to turn over any payments owed or due by a private insurance company or any other person or group as a result of medical services, medical care and/or hospital bills that Medicaid has paid or will pay.
3. Inform the county department of social services if anyone covered under this program is involved in an accident. This agreement (assignment of rights) continues as long as anyone listed on this application receives Medicaid.

Funding Limitations

- NC Health Choice for Children is a federal and state-funded program that may be discontinued if federal funds are not provided for its continuation.